# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA <u>Alexandria</u> Division

#### CHAPTER 13 PLAN AND RELATED MOTIONS

Name of Debtor	(s):Tracey D. Bates	Case No: 19-13762-KHK		
This Plan, dated <u></u> ✓	December 10, 2019 , is: the <i>first</i> Chapter 13 Plan filed in	n this case.		
<ul> <li>a modified Plan that replaces the</li> <li>confirmed or unconfirmed Plan dated</li> </ul>				
	Date and Time of Modified Plan	Confirmation Hearing:		
	Place of Modified Plan Confirma	tion Hearing:		
	The Plan provisions modified by	this filing are:		
	Creditors affected by this modif	ication are:		

#### 1. Notices

#### To Creditors:

Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court.

- (1) Richmond and Alexandria Divisions:
- The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015.
- (2) Norfolk and Newport News Divisions: a confirmation hearing will be held even if no objections have been filed.
  - (a) A scheduled confirmation hearing will not be convened when:
    - (1) an amended plan is filed prior to the scheduled confirmation hearing; or
    - (2) a consent resolution to an objection to confirmation anticipates the filing of an amended plan and the objecting party removes the scheduled confirmation hearing prior to 3:00 pm on the last business day before the confirmation hearing.

In addition, you may need to timely file a proof of claim in order to be paid under any plan.

The following matters may be of particular importance.

Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

A.	A limit on the amount of a secured claim, set out in Section 4.A which may result in a partial payment or no payment at all to the secured creditor	☐ Included	✓ Not included
В.	Avoidance of a judicial lien or nonpossessory, nonpurchase- money security interest, set out in Section 8.A	☐ Included	☑ Not included
C.	Nonstandard provisions, set out in Part 12	☐ Included	✓ Not included

2.	<b>Funding of Plan.</b> The debtor(s) propose to pay the Trustee the sum of \$_450.00	
	per month for 60 months. Other payments to the Trustee are as follows:	
	. The total amount to be paid into the Plan is \$ 27,000.00	

- **3. Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums received under the plan.
    - 2. Check one box:
      - ☑ Debtor(s)' attorney has chosen to be compensated pursuant to the "no-look" fee

under Local Bankruptcy	Rule $2016-1(C)(1)(a)$ and $(C)(3)(a)$ and will be paid
\$ 3,723.00	balance due of the total fee of \$5,223.00
concurrently with or pri	or to the payments to remaining creditors.

□ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.

#### B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

#### C. Claims under 11 U.S.C. § 507(a)(1)

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

Creditor Type of Priority Estimated Claim Payment and Term

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u> <u>Collateral</u> <u>Purchase Date Est. Debt Bal. Replacement Value</u>

#### B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

#### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

<u>Creditor</u> <u>Collateral</u> <u>Adeq. Protection Monthly Payment</u> <u>To Be Paid By</u>

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

### D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, **whichever is less**, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. **Upon confirmation of the Plan**, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Approx. Bal. of Debt or Interest Monthly Payment Creditor Collateral "Crammed Down" Value Rate & Est. Term

#### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

- 5. Unsecured Claims.
  - **A. Not separately classified**. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately <u>5.6</u>%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 0.00 %.
  - B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
  - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

		Regular		Arrearage		Monthly
		Contract	Estimated	Interest	Estimated	Arrearage
Creditor	<u>Collateral</u>	<u>Payment</u>	<u>Arrearage</u>	<u>Rate</u>	Cure Period	<u>Payment</u>
PennyMac	26013 Braided Mane	\$2,341.44	\$0.00	0.00%	N/A	\$0.00
	Terrace, Aldie, VA					

**B.** Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

		Regular			
		Contract	Estimated	Interest Rate	Monthly Payment on
<u>Creditor</u>	<u>Collateral</u>	<u>Payment</u>	<u>Arrearage</u>	<u>on Arrearage</u>	Arrearage & Est. Term

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

		Interest	Estimated	Monthly
<u>Creditor</u>	<u>Collateral</u>	<u>Rate</u>	<u>Claim</u>	Payment & Term

- **7. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.
  - **A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts:

<u>Creditor</u> <u>Type of Contract</u>

**B.** Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

Monthly
Payment Estimated
Creditor Type of Contract Arrearage for Arrears Cure Period

- 8. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

Creditor Collateral Exemption Basis Exemption Amount Value of Collateral

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

Creditor Type of Lien Description of Collateral Basis for Avoidance

#### 9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- **11. Incurrence of indebtedness.** The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.

12.	Nonetane	dard Dlan	Provisions
12.	Nonstand	garg Pian	Provisions

□ None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.C.

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Debtor 1 (Required)	Debtor(s)' Attorney	
/s/ Tracey D. Bates	/s/ William Harville	
Dated: December 10, 2019	_	

Debtor 2 (Required)

By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in the Local Form Plan, other than any nonstandard provisions included in Part 12.

Exhibits: Copy of Debtor(s)' Budget (Schedules I and J); Matrix of Parties Served with Plan

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	Certificate of Service
$\begin{array}{c} \text{I certify that on} \ \underline{\text{December 10,}} \\ \text{creditors and parties in interest on the} \end{array}$	2019, I mailed a copy of the foregoing to the attached Service List.
	/s/ William Harville
	Signature
	327 W. Main Street, #3
	Charlottesville, VA 22903
	Address
	434-483-5700
	Telephone No:
	F OF SERVICE PURSUANT TO RULE 7004
I hereby certify that on $\frac{\text{December 10, 2}}{Related Motions were served upon the following the served of the$	
$({m \prime})$ by first class mail in conformity with	the requirements of Rule 7004(b), Fed.R.Bankr.P.; or
( ) by certified mail in conformity with	the requirements of Rule 7004(h), Fed.R.Bankr.P.

/s/ William Harville

Signature of attorney for debtor(s)

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	Boodin	- age			
Fill in this information to identify	your case:				
Debtor 1 Tracey Donira B				_	
First Name  Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name		_	
United States Bankruptcy Court for the:	Eastern District of Virginia				
Case number 19-13762		,		Check if th	iis is:
(If known)				An ame	ended filing
					lement showing postpetition chapter 13
Official Form 106I				12/10/2	
				MM / DI	D/ YYYY
Schedule I: You	rincome				12/15
of you are separated and your spouseparate sheet to this form. On the	se is not filing with you, d top of any additional pag	lo not include info	orma	ion about your spou	ou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job,		_			
attach a separate page with information about additional	Employment status	Employed			Employed
employers.		☐ Not employe	ed		Not employed
Include part-time, seasonal, or self-employed work.		occupations	l the	vraniet	
Occupation may include student	Occupation	occupational therapist		······	
or homemaker, if it applies.		George Washington Hospital		gton Hospital	
	Employer's name				
	Employer's address	900 23rd Street NW			
		Number Street			Number Street
		Washington			
	Llow long ampleyed they	City	Stat	e ZIP Code	City State ZIP Code
	How long employed ther	er_2.5 years			
Port 9: Cive Petaile About	Monthly Income				
Part 2: Give Details About	Monthly Income				
Estimate monthly income as of spouse unless you are separated.	-	. If you have nothi	ng to	report for any line, wri	ite \$0 in the space. Include your non-filing
If you or your non-filing spouse habelow. If you need more space, at	ive more than one employer		rmatio	on for all employers fo	or that person on the lines
				For Debtor 1	For Debtor 2 or
2. List monthly gross wages, sala	ary and commissions (he	fore all navroll			non-filing spouse
deductions). If not paid monthly,			2.	\$ 7,609.03	\$
3. Estimate and list monthly over	time nav		3.	+ \$ 0.00	+ \$
o. Estimate and list monthly over	ame pay.		J.	• Ф	· •

Official Form 106l Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

Debtor 1

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	For Debtor 1 For Debtor 2 or non-filing spouse
Copy line 4 here	7 000 00
5. List all payroll deductions:	Ψ
5a. Tax, Medicare, and Social Security deductions	<sub>5a. \$</sub> 1,538.70
5b. Mandatory contributions for retirement plans	5b. \$ 258.94 \$
5c. Voluntary contributions for retirement plans	5c. \$ 0.00 \$
5d. Required repayments of retirement fund loans	5d. \$ 0.00 \$
5e. Insurance	5e. \$ 119.97 \$
5f. Domestic support obligations	5f. \$ 0.00 \$
•	0.00
5g. Union dues  5h. Other deductions. Specify: STD-Post	
on. Other deductions. Specify.	, Ψ
	 \$ \$
Add the ground deductions Add the Fourth Court Court Court	1,005,00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g	F C40.7C
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>5,643.76</u> \$
8. List all other income regularly received:	
8a. Net income from rental property and from operating a busines	ss,
profession, or farm	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	s 0.00 s
monthly net income.	8a. \$
8b. Interest and dividends	8b. \$
8c. Family support payments that you, a non-filing spouse, or a de regularly receive	lependent
Include alimony, spousal support, child support, maintenance, divo	
settlement, and property settlement.	8c.
8d. Unemployment compensation 8e. Social Security	8d. \$8e. \$ 0.00 \$
8f. Other government assistance that you regularly receive	Ψ
Include cash assistance and the value (if known) of any non-cash a	assistance
that you receive, such as food stamps (benefits under the Supplem Nutrition Assistance Program) or housing subsidies.	nental
Specify:	8f. \$0.00_
8g. Pension or retirement income	 8g.
	ος. φ
8h. Other monthly income. Specify:	
9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9. \$
10. Calculate monthly income. Add line 7 + line 9.	s 5,643.76 + s = s 5,643.76
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	e. 10. \$\\\ \\$_\\\ 5,643.76 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
11. State all other regular contributions to the expenses that you list in	n Schedule J.
Include contributions from an unmarried partner, members of your hous friends or relatives.	sehold, your dependents, your roommates, and other
Do not include any amounts already included in lines 2-10 or amounts the	
Specify:	11. <b>+</b> \$0.00
12. Add the amount in the last column of line 10 to the amount in line	11. The result is the combined monthly income.
Write that amount on the Summary of Your Assets and Liabilities and C	Sertain Statistical Information, if it applies 12.
	Combined monthly income
13. Do you expect an increase or decrease within the year after you fil	
	or health reasons and to reduce uncompensated travel time and
Yes. Explain: expense.	

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Debtor 1 First Name Middle Name

Middle Name Last Name

Case number (if known)\_

#### **Continuation Sheet for Official Form 106I**

1. Describe Employment:

Debtor: Tracey Donira Bates

Occupation: occupational therapist

Name of Employer: Dominion Plastic Surgery

Employer's Address: 2755 Hartland Road, Falls Church, VA 22043

Length of Employment: 1 month

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Official Form 106l Schedule I: Your Income

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			Docun	nent	Page 13 (	of 16				
	Fill in this in	formation to identify	your case:							
	Debtor 1	Tracey Donira Bates								
	-	First Name	Middle Name	Last Name		Check if this is:				
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		An amende	J			
	United States E	Bankruptcy Court for the:	Eastern District of Virginia			A supplement showing postpetition chapter 1 expenses as of the following date:				
	Case number	19-13762		(S	tate)	12/10/201	9	uate.		
	(If known)					MM / DD / Y	/YY			
(	Official F	orm 106J								
5	Sched	ule J: You	ur Expense:	S				12/15		
in	formation. If		ssible. If two married peo d, attach another sheet to	-				-		
P	art 1:	Describe Your Hou	sehold							
1.	Yes. Doc	to line 2. es Debtor 2 live in a s No	eparate household? e Official Form 106J-2, <i>Exp</i> o	enses for Si	eparate House	hold of Debtor 2.				
2.	Do you hav	e dependents?	✓No							
	Do not list D	ebtor 1 and	☐ Yes. Fill out this inform				Dependent's age	Does dependent live with you?		
	Debtor 2.	the dependents'	each dependent	out this information for pebtor 1 or Debtor 2 age with pendent	No					
	names.	the dependents'			• • • • • • • • • • • • • • • • • • • •	<del></del>		with you?  No Yes No		
								Yes		
								No Yes		
								No		
								Yes		
								No		
					• • • • • • • • • •			Yes		
3.	expenses o	penses include f people other than d your dependents?	✓ No ☐ Yes							
Pέ	art 2: Es	timate Your Ongoi	ng Monthly Expenses							
E	stimate your	expenses as of your	bankruptcy filing date un	less you a	re using this f	orm as a supplement	in a Chapter 13 c	ase to report		
	cpenses as coplicable dat		kruptcy is filed. If this is a	a suppleme	ental Schedule	e J, check the box at	the top of the forn	n and fill in the		
	-	•	-cash government assistation Schedule I: Your Inc	-			Your expe	nses		
			xpenses for your residen	•		•				
7		r the ground or lot.			or mongage	payments and	ş <b>\$</b>	2,313.00		

0.00

0.00

100.00

306.00

4a.

4b.

4c.

4d.

If not included in line 4:

Real estate taxes

Property, homeowner's, or renter's insurance

Home maintenance, repair, and upkeep expenses

Homeowner's association or condominium dues

4a.

4b.

4c.

4d.

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Debtor 1

Tracey Donira Bates

First Name Middle Name Last Name

Case number (if known) 19-13762

		Your expenses					
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00				
6. Utilities:							
6a. Electricity, heat, natural gas	6a.	\$	195.00				
6b. Water, sewer, garbage collection	6b.	\$	0.00				
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	211.00				
6d. Other. Specify: Alarm system	6d.	\$	33.50				
7. Food and housekeeping supplies	7.	\$	433.00				
8. Childcare and children's education costs	8.	\$	0.00				
9. Clothing, laundry, and dry cleaning	9.	\$	100.00				
Personal care products and services	10.	\$	90.00				
Medical and dental expenses	11.	\$	235.00				
2. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	370.00				
	13.	<b>e</b>	100.00				
Entertainment, clubs, recreation, newspapers, magazines, and books     Charitable contributions and religious donations	13.	Φ	0.00				
	14.	Φ	0.00				
<ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>							
15a. Life insurance	15a.	\$	0.00				
15b. Health insurance	15b.	\$	0.00				
15c. Vehicle insurance	15c.	\$	84.81				
15d. Other insurance. Specify: malpractice	15d.	\$	46.00				
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: _personal property tax	16.	\$	20.00				
7. Installment or lease payments:							
17a. Car payments for Vehicle 1	17a.	\$	344.13				
17b. Car payments for Vehicle 2	17b.	\$	0.00				
17c. Other. Specify:	17c.	\$	0.00				
17d. Other. Specify:	17d.	\$	0.00				
8. Your payments of alimony, maintenance, and support that you did not report as deducted fron	n						
your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00				
9. Other payments you make to support others who do not live with you.							
Specify:	19.	\$	0.00				
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.							
20a. Mortgages on other property	20a.	\$	0.00				
20b. Real estate taxes	20b.	\$	0.00				
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00				
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00				
20e. Homeowner's association or condominium dues	20e.	\$	0.00				

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Debtor 1	Tracey Donira Bates			19-13762 Case number (if known)				
	First Name							
21. Other	. Specify: trave	el for professiona	l education		– <sub>21.</sub>	+\$	60.00	
satellite rad	dio and car net				21.	+\$	52.00	
emergencie	es & contingen	cies			_	+\$	100.00	
22. Calcu	ulate your mor	nthly expenses.						
22a. A	Add lines 4 thro	ugh 21.			22a.	\$	5,193.44	
22b. C	Copy line 22 (m	onthly expenses	for Debtor 2), if any, from	Official Form 106J-2 22c. Add line 22a	22b.	\$	····	
and 22	2b. The result is	s your monthly e	xpenses.		22c.	\$	5,193.44	
23. <b>Calcul</b> a	ate your montl	nly net income.					5.040.70	
23a. (	23a. Copy line 12 (your combined monthly income) from Schedule I.					\$	5,643.76	
23b. (	Copy your mont	thly expenses fro	om line 22c above.		23b.	<b>-</b> \$	5,193.44	
	-		from your monthly incom	e.		\$	450.32	
ı	The result is you	ur monthly net in	come.		23c.			
24. <b>Do yo</b> u	u expect an inc	crease or decre	ase in your expenses wi	thin the year after you file this form?	?			
				thin the year or do you expect your cation to the terms of your mortgage?				
<b>✓</b> No.								
☐ Yes	Explain h	ere:						

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American Anesthesiology of Va PO Box120153 Grand Rapids, MI 49528-0103

Avadian Credit Union PO Box 360287 Birmingham, AL 35236-0287

Bank of America PO Box 15019 Wilmington, DE 19886-5019

Capitol One PO Box 30285 Salt Lake City, UT 84130-0285

Chase Business 270 Park Avenue New York, NY 10017

Chase Card 270 Park Avenue New York, NY 10017

Client Services Inc 3451 Harry S Truman Blvd Saint Charles, MO 63301

Commenity - Williams Sonoma Bankruptcy Dept PO Box 182125 Columbus, OH 43218-2125

Credit Bureau Resolution PO Box 14517 Des Moines, IA 50306

Credit Control PO Box 31179 Tampa, FL 33631

Discover Student Loans PO Box 6107 Carol Stream, IL 60197-6107

FED LOAN SERV PO Box 60610 Harrisburg, PA 17106

Firstmark Services PO Box 82522 Lincoln, NE 68501-2522

Frost Arnett Company PO Box 198988 Nashville, TN 37219-8988

GEICO Subrogee to Gulsha Ozalp Chaplin & Gonet 5211 West Broad St, #100 Richmond, VA 23230 GW University Hospital PO Box 31001-0827 Pasadena, CA 91110-0827

GWU Medical Faculty Associates PO Box 392187 Pittsburgh, PA 15251-9187

I.C. System PO BO 64378 Saint Paul, MN 55164

INOVA Fairfax Hospital 2290 Telestar Court Falls Church, VA 22042-1207

INOVA Medicredit 2990 Telestar Ct, 3rd Floor Falls Church, VA 22042-8587

J Douglas Lewis 7500 Diplomat Dr, Suite 201 Manassas, VA 20109

Lowe's PO Box 981064 El Paso, TX 79998

Medical Faculty Associates PO Box 48458 Oak Park, MI 48237

New York University Credit Dept 105 East 17th St, 3rd Floor New York, NY 10003-2015

PennyMac PO Box 514387 Los Angeles, CA 90051-4387

Synchrony Bank - Haverty's Bankruptcy Dept PO Box 965061 Orland, FL 32896-5061

Synchrony Bank - Pro Source Bankruptcy Dept PO Box 965061 Orlando, FL 32896-5061

Synchrony Bank / CCA Carpet Co-op PO Box 965036 Orlando, FL 32896

Wells Fargo PO Box 94435 Albuquerque, NM 87199

Wells Fargo PO Box 14517 Des Moines, IA 50306